



Arnold Schwarzenegger
GOVERNOR

CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

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cab@dca.ca.gov

916-574-7220 T

916-575-7283 F

CALIFORNIA RECIPROCITY APPLICATION APPLICATION FEE: \$35.00

COMPLETE ITEMS 1 - 9

TYPE OR PRINT CLEARLY IN INK

1. NAME: _____ KNOWN BY ANY _____
(LAST / FIRST / MIDDLE) OTHER NAMES?: (MAIDEN NAME)
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
WORK PHONE: (____) _____ HOME PHONE: (____) _____
BIRTHDATE (MONTH / DAY / YEAR): ____/____/____ SEX: ☐ MALE ☐ FEMALE
SOCIAL SECURITY #: _____
(*Disclosure statement on reverse side)

2. Have you ever had registration denied, suspended, or revoked or otherwise been disciplined by a public agency in any state or country? If yes, explain details on separate sheet. ☐ YES ☐ NO

3. Have you ever applied for registration in California? ☐ YES ☐ NO

4. List the names of all states from which you have received a license to practice architecture.
If additional space is required, please use separate sheet.

STATE	LICENSE #	DATE GRANTED	REQUIREMENTS FOR LICENSURE
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Base State: _____

5. Are you certified with the National Council of Architectural Registration Boards (NCARB)? ☐ YES ☐ NO

6. I certify under penalty of perjury under the laws of the State of California that the information on this application is true and correct.

Signature: _____

Date: _____

The information requested on this application is required under Section 5526, 5550, 5551, and 5552 of the Business and Professions Code. All items are mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsible for information maintenance.

FOR OFFICE USE ONLY

Receipt # _____

Fee Paid _____

Date _____

ID # _____

LIC # _____

ISSUE DATE _____

7. EDUCATION:

HIGH SCHOOL GRADUATE: ☐ YES ☐ NO

DATE GRADUATED: _____

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED		DEGREE RECEIVED	DATE COMPLETED
		SEMESTER UNITS	QUARTER UNITS		

8. EXPERIENCE: Candidates are required to verify 8 years of education and/or experience.

PERIOD OF EMPLOYMENT	EMPLOYER'S PROFESSIONAL BACKGROUND	NAME/ADDRESS OF FIRM(S)
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	

9. Have you ever pleaded guilty or been convicted by a court of an offense?

☐ YES ☐ NO

If yes, please explain details below. Indicate the date and place of arrest, name of court, court case number, code section violated, a brief explanation of the offense, and the sentence imposed. If convicted under another name, please indicate other name. (If additional space is required, please use separate sheet.)

NOTE: CONVICTIONS DISMISSED UNDER SECTIONS 1203.4 OF THE PENAL CODE MUST BE SHOWN. YOU MAY OMIT:

- Traffic infractions for which the fine imposed was \$150 or less.
- Any offense which was adjudicated in a juvenile court or under a youth offender law.
- Any incident that has been sealed or disposed under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 and 1203.45

ALL OTHER CONVICTIONS MUST BE INDICATED

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.